

Consideration for Recommendation of Modification Form (CRM) (Early Release Planning Document)

Name _____ CLIENT# _____ D.O.B. _____

Dormitory _____ Case Manager _____ Current Date _____

Charge(s): _____

Youth adjudicated under terms of the La. Children's Code Article 897.1 for Aggravated Rape, Aggravated Kidnapping, Murder or Armed Robbery are not eligible for early release. Does this apply? _____

Youth sentenced to a short term program or who have a self-modifying order or who are on Maximum custody classification level are not eligible for an early release. Do any of these apply? _____

Court: _____ Judge: _____

DETAINER

Law Enforcement Agency detainer verified with: _____

Contact Name/Title: _____

Detainer: ☐ Valid ☐ Not Valid

PENDING CHARGES

Law Enforcement Agency detainer verified with: _____

Contact Name/Title: _____

Criminal Charges: ☐ Open ☐ Closed Juvenile Charges: ☐ Open ☐ Closed

SAVRY summary risk rating for violence: ☐ LOW ☐ Moderate

SAVRY summary risk rating for delinquency: ☐ LOW ☐ Moderate ☐ High

LAMOD Stage: ☐ Adaptation ☐ Other based on Special Need

Reintegration/Transition Plan approved by: ☐ Appropriate secure care staff on _____
☐ CBS staff on _____

Custody Reclassification:	Staffing Date	Custody Level
Most recent staffing date:	_____	_____
Previous staffing date:	_____	_____

Evaluation of adjustment/progress:

Education	Academic Test Scores/Grades	Admission (Date)	Most Recent (Date)
Reading	_____	_____	_____
Math	_____	_____	_____
Language	_____	_____	_____
Other	_____	_____	_____
Academic Placement _____			
(BS I, BS II, PreGED, GED, SSDII, Skills Options, Vocational, Carnegie Units, College)			

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(Early Release Planning Document)

Youth's Name: _____

Has student earned a GED? _____ Date Earned _____

Is student scheduled to take the GED? _____ Date Scheduled _____

If youth is moved into the community to complete sentence(s), is there a significant public safety risk? _____

In my opinion, youth has or has not (circle) made significant progress in his/her academic skills. In my opinion, youth has or has not (circle) put forth significant effort in improving academic skills.

*Printed Language Arts Teacher's Name*_____
*Signature*_____
Date

In my opinion, youth has or has not (circle) made significant progress in his/her academic skills. In my opinion, youth has or has not (circle) put forth significant effort in improving academic skills.

*Printed Teacher's Name*_____
*Signature*_____
Date

Vocational: Is this youth enrolled in vocational programming? _____ If yes, his or her instructor should submit a description of youth's progress in the vocational programs and should sign the statement below.

In my opinion, this youth has or has not (circle) made significant progress in his/her academic skills.

In my opinion, this youth has or has not (circle) put forth significant effort in improving academic skills.

*Printed Vocational Teacher's Name*_____
*Signature*_____
Date

Plans for continuing education and vocational education after release:

Treatment:

List therapeutic groups completed:

List therapeutic groups recommended on the Reintegration/Service Plan (RSP) that are not yet completed:

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(Early Release Planning Document)

Youth's Name: _____

Describe plans for ensuring that incomplete treatment goals can be addressed after release: _____

What type of location would be most appropriate if the youth is moved into the community?

_____ Home

_____ Residential Program (Group Home, Half Way House, etc.)

In my opinion, youth has or has not (circle) made significant progress in his/her social skills and has or has not (circle) participated fully in group and individual counseling within the last six months.

Printed Case Manager's Name

Signature

Date

Has youth been identified as SMI? _____ Yes _____ No

If yes, the contracted provider counselor should complete the following:

In my opinion, this youth has or has not (circle) made significant progress in his social skills and has cooperated with Mental Health Treatment. This youth has or has not (circle) participated fully in group and individual counseling within the program.

Printed Contracted Counselor's Name

Signature

Date

Code of Conduct History: List Violations for youth since admission into program:

Date of Violation

Charge(s)

Disposition

The following is to be completed by a JJS staff member who regularly works with this youth:

In my opinion, this youth has or has not (circle) made significant progress in his social skills and has cooperated with security:

Printed JJS Staff Member's Name

Signature

Date

Youth's Name: _____

In my opinion, youth has or has not (circle) made significant progress in his/her specified need areas.

In my opinion, youth has or has not (circle) put forth significant effort in achieving specified need areas.

Printed Case Manager's Name Signature

Date

Is the youth eligible for early release consideration? _____ Yes _____ No

If no, explain why not and describe what goals this youth needs to meet to become eligible:

If completion of this form indicates the youth is eligible for an early release, initiate early release procedures.

Program Manager's Signature

Date

Director of Social Services or Designee Signature

Date

 The Facility Director's signature is required where a detainer / pending charges are present in the record or the Case Manager has knowledge of such.

Facility Director Signature

Date

 Facility Director / Regional Manager Review:

Date: _____

☐ Agree ☐ Disagree

 DAS-Facilities / DAS-Community Based Services Review:

Date: _____

☐ Agree ☐ Disagree